

# 2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S48963**

1. Entity Name  
**SUN SHIELD CONSTRUCTION, INC.**



Principal Place of Business  
**1272 LAUREL DRIVE  
NO FT MYERS FL 33917**

Mailing Address  
**1272 LAUREL DRIVE  
NO FT MYERS FL 33917**

2. Principal Place of Business  
**SAME N. FT. MYERS, FL**

3. Mailing Address  
**SAME 1272 Laurel Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**N. Ft. Myers, FL**

City & State  
**N. Ft. Myers, FL**

Zip  
**33917**

Country

Zip  
**33917**

Country  
**Lee**

4. FEI Number **65-0262627**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

FILED

04 APR 15 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOHL, MICHELLE  
1272 LAUREL DRIVE  
N. FT. MYERS FL 33917**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 19, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **BOHL, WILLIAM F IV**  
STREET ADDRESS **1272 LAUREL DR**  
CITY-ST-ZIP **NO FT MYERS FL**

TITLE **VD** ☐ Delete  
NAME **BOHL, MICHELLE A** *Sec/Treas*  
STREET ADDRESS **1272 LAUREL DR**  
CITY-ST-ZIP **NO FT MYERS FL**

TITLE **VICE PRESIDENT** ☐ Delete  
NAME **SCHAUBECK, BEN E**  
STREET ADDRESS **242 Evergreen Rd -UFM**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☐ Addition  
NAME **Wm. Bohl**  
STREET ADDRESS **1272 Laurel Dr**  
CITY-ST-ZIP **N. Ft. Myers FL 33917** *Has always been*

TITLE **FO SEC/TREAS** ☐ Change ☐ Addition  
NAME **BOHL, MICHELLE A** *HAS ALWAYS BEEN*  
STREET ADDRESS **1272 LAUREL DR**  
CITY-ST-ZIP **NO FT MYERS, FL 33917**

TITLE **VICE PRES** ☐ Change ☐ Addition  
NAME **SCHAUBECK, BEN E** *HAS ALWAYS BEEN*  
STREET ADDRESS **242 EVERGREEN RD**  
CITY-ST-ZIP **NO FT MYERS FL 33903**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michelle Bohl* **MICHELLE BOHL** *Sec/Treas*

Date

Daytime Phone #

**1-13-03 (239) 656-1648**